

## RULES AND GUIDELINES GOVERNING HEALTH CARE ASSISTANCE FORM 114

### Introduction

These guidelines are provided to assist you and the Local Association with the investigation and completion of the application for Health Care Relief Form # 114. It is a goal of The New Jersey State Firemen's Association to assist all of its members (or qualified spouses) **who need at home care, or care in a nearby facility**, for as long as possible so they can be close to their family and brother and sister firefighters. Should the level of care be so great that at home care is not possible, assistance **will still be considered for care in assisted living or long-term care facilities**. This is a reimbursement program. The member or spouse will be reimbursed for the medical care cost of the care provided up to the dollar amount set by the Executive Committee.

### When to use this assistance form

The use of this form should be considered when any member of a Local Relief Association has information that another member (or qualified spouse) in good standing of this Association:

Needs care beyond that which they can provide for themselves.

Needs care beyond that which a spouse, family member, or friend can or will provide.

### Things to consider

The member (or qualified spouse) needs help attending to their personal hygiene and care, changing bandages, or attending to other physical or medical needs for themselves. The spouse or other family member works or has obligations during the day and member (or qualified spouse) cannot be left alone in residence. Does the member have any insurance that will cover any or all the cost for the necessary services? How many hours a day and or days of the week does the member needs assistance?

### The Health Care Assistance Reimbursement Program

The program is available to all active or qualified members (or qualified spouse) of this Association regardless of what state they retire to or decide to live in within the continental United States.

To obtain an application for this program, contact the New Jersey State Firemen's Association directly or your Local Relief Association Officers. You may also download a copy from our website [www.njsfa.com](http://www.njsfa.com) from the "Forms" tab. All first-time applications, on Form 114, are to be filled out completely and submitted to your Local Relief Association Secretary. There are no financial requirements associated with this program. Once the application is approved at the local level and the Local Association Officers sign the application, it is sent to the NJSFA State Office for final approval. Reimbursements will begin to the member once the NJSFA Advisory Committee has given final approval. **All required information and documentation must be submitted before approval will be considered.** Reimbursement begins with the month that the State Office approval is given and will be done after copies of the full calendar month's invoices and copies of proof of payment have been submitted to the NJSFA Field Examiner. Copies of invoices and copies of proof of payment can be mailed in, faxed in or emailed to [HealthCare@njsfa.com](mailto:HealthCare@njsfa.com). Facility and Care Company licensing will be confirmed by the NJSFA State office. Social Daycare programs will be approved on a case-by-case basis by the NJSFA Advisory Committee. The decision of the Advisory Committee is final.

All applications are valid for one year and each application will need to be resubmitted (renewed) annually from date of original approval, or if the reason for the original application changes. If the Local Association denies the applicant, please contact the State Office for the appeal process at (800) 852-0137. **All Renewals will be handled by the State Office.** These funds may not be used to offset any payment or costs for guests admitted to the New Jersey Firemen's Home but can be used while a member is awaiting admittance or on a waiting list. Once a member becomes eligible for Medicaid this benefit will cease.

Starting January 1, 2021, the spouse of an active Firefighter, Qualified Firefighter, or the non- remarried surviving spouse of a Qualified Firefighter may apply for this reimbursement program. They would need to fill out an original Form 114. The approval process and program rules are the same as it is for a Firefighter. Contact your Local Relief Association Officers or the NJSFA State Office if you need additional information or have any questions concerning the program. The reimbursement level for spouses is not at the same level as for Firefighters.

This reimbursement program is not available to Firefighters that are admitted or residing in the New Jersey Firemen’s Home located in Boonton, NJ. The New Jersey Firemen’s home is fully funded from the same property insurance tax that funds the New Jersey Firemen’s Association and the Local Firemen’s Relief Associations.

Things to consider when assessing need for care:

- **The Member is having difficulty caring for themself.**
- **Personal hygiene needs are not being met.**
- **Member is not capable of taking medications as prescribed.**
- **Care by the spouse and family can no longer meet the needs of the member.**
- **Spouse or family need respite for their own personal obligations and applicant cannot be medically left alone.**
- **Member cannot be left alone while spouse or family members work or are away from the home.**
- **If the application is for care of a spouse of a Qualified member, the same considerations need to be addressed as listed above.**

This program does not cover various types of services such as room & board at Assisted Living facilities or senior living type facilities, lawn care, property maintenance, maid service, meal preparation companies, or any similar types of service. It is for the direct medical care of the individual in need.

Should there still be additional financial need, Regular Relief can still be applied for even if the member/spouse is enrolled in this program. Need must still be demonstrated and fully documented for Relief to be awarded.

The program is designed to provide reimbursement to members of this Association for in home health care, assisted living medical care, and nursing home levels of medical care that have not been covered by insurance or other existing medical reimbursement programs. It covers in-home care that is provided by certified employees working and billing through a licensed health care provider in the state where the care is being provided.

Nursing Homes, Assisted Living Facilities, In Home Care, and Adult Medical Daycare Facilities are all types of care our members may need at some point when they are no longer able to care for themselves or their families need additional assistance to help with that care.

The Officers and Executive Committee Members of the New Jersey State Firemen’s Association recognize the need to aid those members of the Association who are no longer able to perform normal daily activities for themselves.

Keeping in mind that spouses, family members, neighbors, and brother and sister Firefighters wish to remain together during these times, we will all work together to make sure the best care is available to the Firefighters who took care of so many others during their time of service.



If you suspect abuse by any caregiver while receiving in home care or care in any nursing home facility, the New Jersey Division of Consumer Affairs can provide a hidden camera to help verify suspected abuse. The *Safe Care Cam Program* is available to any New Jersey Resident and additional information, or contact can be made by calling them directly at 973-504-6375 or visiting their website at [www.njconsumeraffairs.gov](http://www.njconsumeraffairs.gov) .

**All sections of the Health Care Assistance Application must be completed as follows:**

**Member fills in:**

- Statement of Medical need (no financial information is required)
- All personal information
- Agency information (service provider)
- Authorization Release Form on back of application

**Member provides:**

- Medical certification from a doctor for the need for the care
- Copy of the contract with the projected cost breakdown

**NOTE: ONCE COMPLETED GIVE THE INITIAL APPLICATION TO THE LOCAL RELIEF ASSOCIATION. RENEWALS GO DIRECTLY TO THE NJSFA STATE OFFICE.**

**Local Relief Association:**

- Date, Association Number, Company Number, Line Number, Relief Association name and County
- Local Officers Sign once it is determined this level of assistance is needed. **(NOTE: This does not need to wait for a regularly scheduled meeting.)**
- Forwards signed application to New Jersey State Firemen's Association State Office

The New Jersey State Firemen's Association will notify the Local Relief Association and the member (or Qualified Spouse) on the approval or denial of the application.

**Approved Application:**

The member will scan and email the monthly bill and proof of payment to [HealthCare@njsfa.com](mailto:HealthCare@njsfa.com)  
or fax copies to 732-938-2580  
or mail copies to:

New Jersey State Firemen's Association  
Attn: Health Care  
1711 Route 34 South  
Wall Township N.J. 07727-3934

The New Jersey State Firemen's Association will mail the **reimbursement** check to the member or spouse where applicable. Payments are made after receiving all the bills (and proof of payment) for a given month (net of any other payments). Only one Check will be made out from the State Office for each monthly reimbursement.

## Benefit Reimbursement Up-To Levels

Based on submitted bills and proof of payment

### Home Care, Adult day Care

- a. 1 month to 11 months qualifying time – reimbursement up to \$750.00/month
- b. 12 months to 23 months qualifying time – reimbursement up to \$1,500.00/month
- c. 24 months to 35 months qualifying time – reimbursement up to \$2,250.00/month
- d. 36 months to 47 months qualifying time – reimbursement up to \$3,000.00/month
- e. 48 months to 59 months qualifying time – reimbursement up to \$3,750.00/month
- f. 60 months to 71 months qualifying time – reimbursement up to \$4,500.00/month
- g. 72 months to 83 months qualifying time – reimbursement up to \$5,250.00/month
- h. 84 months and greater (fully qualified) – reimbursement up to \$6,000.00/month

### Assisted Living – Care portion only and not the rent

- a. 1 month to 11 months qualifying time – reimbursement up to \$750.00/month
- b. 12 months to 23 months qualifying time – reimbursement up to \$1,500.00/month
- c. 24 months to 35 months qualifying time – reimbursement up to \$2,250.00/month
- d. 36 months to 47 months qualifying time – reimbursement up to \$3,000.00/month
- e. 48 months to 59 months qualifying time – reimbursement up to \$3,750.00/month
- f. 60 months to 71 months qualifying time – reimbursement up to \$4,500.00/month
- g. 72 months to 83 months qualifying time – reimbursement up to \$5,250.00/month
- h. 84 months and greater (fully qualified) – reimbursement up to \$6,000.00/month

### Nursing Home – 24/7 care in-facility

- a. 1 month to 11 months qualifying time – reimbursement up to \$1,500.00/month
- b. 12 months to 23 months qualifying time – reimbursement up to \$3,000.00/month
- c. 24 months to 35 months qualifying time – reimbursement up to \$4,500.00/month
- d. 36 months to 47 months qualifying time – reimbursement up to \$6,000.00/month
- e. 48 months to 59 months qualifying time – reimbursement up to \$7,500.00/month
- f. 60 months to 71 months qualifying time – reimbursement up to \$9,000.00/month
- g. 72 months to 83 months qualifying time – reimbursement up to \$10,500.00/month
- h. 84 months and greater (fully qualified) – reimbursement up to \$12,000.00/month

### Spousal Care – Spouse of current NJSFA member or non-remarried surviving spouses of Qualified deceased NJSFA members. (Reimbursement of care portion only)

- a. 1 month to 11 months qualifying time – reimbursement up to \$250.00/month
- b. 12 months to 23 months qualifying time – reimbursement up to \$500.00/month
- c. 24 months to 35 months qualifying time – reimbursement up to \$750.00/month
- d. 36 months to 47 months qualifying time – reimbursement up to \$1,000.00/month
- e. 48 months to 59 months qualifying time – reimbursement up to \$1,250.00/month
- f. 60 months to 71 months qualifying time – reimbursement up to \$1,500.00/month
- g. 72 months to 83 months qualifying time – reimbursement up to \$1,750.00/month
- h. 84 months and greater (fully qualified) – reimbursement up to \$2,000.00/month

## Health Care Assistance Application

Assoc. No. - Comp. No - Line No.

Application is for: Firefighter  Spouse/Surviving Spouse  Application Date \_\_\_\_\_

The \_\_\_\_\_ Firemen's Relief Assn. of \_\_\_\_\_ County wish to have financial assistance for Health Care considered for their member or member's spouse listed below.

Member Name \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female Married / Widow(er) / Single

Spouse Name \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female Married / Widow(er)

If benefit is for the surviving spouse of a "Qualified" Firefighter, has the surviving spouse remarried? Yes / No

Reimbursement/Renewal Mailing Address \_\_\_\_\_

Applicant Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Does applicant live alone? Yes / No

**MUST provide the medical statement of need and a medical certification letter from the doctor for the services:** i.e. Applicant needs assistance with personal hygiene, transferring, walking.

Signature of Applicant \_\_\_\_\_ (see reverse side for additional required information)

**All information provided on this application is true and accurate to the best of my knowledge.**

**This program does not cover various types of services such as room & board at Assisted Living facilities or senior living type facilities, lawn care, property maintenance, maid service, meal preparation companies, or any similar types of service. It is for the direct medical care of the individual in need.**

The applicant needs  In Home Care  Assisted Living Facility  Nursing Home/Memory Care  Adult Day Care

Is this part of a workers compensation claim or a Personal Injury Protection claim, or a co-pay? Yes / No

Has applicant applied for or is receiving Medicaid? Yes/ No If no, projected date member will be eligible \_\_\_\_\_

Has applicant applied for or is receiving Medicare? Yes/ No If no, projected date member will be eligible \_\_\_\_\_

**A copy of the Agency contract with pricing MUST be included.**

Name of Agency providing care \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency must be licensed in the state where care will be provided. License # \_\_\_\_\_

Projected cost for care of applicant per month \$ \_\_\_\_\_

Is the applicant receiving any funds to cover any portion of this expense? Yes / No Amount \$ \_\_\_\_\_

Medicare  Long Term Insurance  Medicare Supplement  VA Assistance

Name of other funding source/s \_\_\_\_\_ Net Balance \$ \_\_\_\_\_

Requested monthly amount of assistance \$ \_\_\_\_\_

**Local Relief Association Sign-offs**

It has come to the attention of the Trustees and Representatives of the above listed Relief Association that our member and or Spouse would benefit from the use of the Health Care Assistance Program. We have reviewed the information provided to us and request the NJSFA consider this application for final approval. **(Note: This does not need to wait for a regularly scheduled meeting)**

Signatures: President \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

